

STATE OF IDAHO
 OUTFITTERS AND GUIDES LICENSING BOARD
 1365 North Orchard – Room 172 – Boise, Idaho 83706
 Telephone (208) 327-7380 – Fax (208) 327-7382
 Enforcement (208) 327-7167
 licensing@oglb.idaho.gov - www.oglb.idaho.gov

DESIGNATED AGENT LICENSE APPLICATION

For: _____
 Name of Corporation/Firm/Partnership/Business Entity

PLEASE TYPE OR PRINT ALL INFORMATION

Resident Statement: I am a ☐ Resident, ☐ Non-Resident of the State of Idaho.

☐ I am currently licensed guide. My license number is _____.

☐ I intend to guide and have signed the affidavit/certification within this application.

☐ I will not be guiding but will hire qualified guides and have enclosed appropriate applications.

For Board Use Only

 Amount paid / date

 Remitter

 Checking No./ Type

A license fee will be required (upon approval of application) before license will be issued.

License Fees: Submit fees in the form of a money order, cashier's check, certified check, or a check from an Idaho Outfitter/DA applicant made payable to the Idaho Outfitters and Guides Licensing Board (IOGLB), OR you may agree to pay your fees using your credit card. You may either use the card you have on file or submit new card information.

All first time applications must be accompanied by a processing fee.

A processing fee will be assessed on all returned checks or unprocessable credit cards.

Current fees can be found at IOGLB's website at www.oglb.idaho.gov

WE CANNOT ACCEPT CASH AT ANY TIME.

Authorization to Use Credit Card on File

Amount \$ _____

Outfitter/DA Signature _____ Outfitter/DA Printed Name _____

Outfitter License # _____

Outfitter/DA Credit Card Authorization (Outfitters/DAs who want to use a card that is not on file)

Amount \$ _____

Print cardholder name _____ # on Card _____

Cardholder Signature _____ Exp. Date _____

Outfitter/DA Signature _____ Outfitter/DA Printed Name _____

Outfitter License # _____

(A) Personal Data (Please Print)

Name _____ Phone (____) _____

Address _____ City/State _____ Zip Code _____

Sex _____ Hair _____ Ht. _____ Wt. _____ Eye Color: _____

Social Security # _____ Green Card # _____ Birth date: _____

E-mail: _____ Web address: _____

(B) Guide Activities: If guiding, you may only be licensed to guide activities for which your employing outfitter(s) is licensed. Check appropriate activities below:

HUNTING

- ☐ Antelope*
- ☐ Deer*
- ☐ Elk*
- ☐ Goat*
- ☐ Sheep*
- ☐ Moose*
- ☐ Bear*
- ☐ Cougar*
- ☐ Predators*
- ☐ Birds (specify)
 - ☐ Forest Grouse
 - ☐ Chukar
 - ☐ Other: _____

BOATING

- ☐ River (attach Form OG-5)
 - ☐ Power*
 - ☐ Float*
- ☐ Lake (specify) _____
- ☐ Reservoir (specify) _____
- FISHING** (specify)
 - ☐ Anadromous (Salmon, Steelhead)
 - ☐ Fly Fishing
 - ☐ Power Boat Fishing
 - ☐ Float Boat Fishing
 - ☐ Walk and Wade Fishing
 - ☐ Incidental Fishing
 - ☐ Other Species _____

RECREATION

- ☐ Trailrides
- ☐ Backpacking
- ☐ Snowmobiling*
- ☐ Technical Mountaineering/Rock Climbing*
- ☐ Level I Skiing*
- ☐ Level II Skiing*
- ☐ Mountain Bike Touring
- ☐ Photography Trips
- ☐ Survival Course
- ☐ Llama Packing

- ☐ Other (please specify) _____
- * Training forms, or guide license showing apprentice status, will be issued for those activities for which applicant does not have training credentials on file with the Board or attached to this application.**

(C) References

1. List five (5) references with complete address and phone #, not related, who have known you for at least five (5) years, three (3) of whom have knowledge of your qualifications to be licensed as an outfitter. Two (2) should be bank or credit references.
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
2. Give names, addresses and phone # of your two (2) most recent employers, and dates of employment with each.
 - a. _____
 - b. _____

(D) Attachments & Signature

I, _____, being first fully sworn on oath, state I have completed the foregoing application and verify the truth of the information provided, that I have obtained and reviewed the current Idaho Outfitters & Guides Act and Board Rules within the last six (6) months. I certify that the documents for this application are true and correct:

I certify that I:

HAVE__ HAVE NEVER__ been convicted of or received a withheld sentence for a felony in any state, pursuant to 36-2113. I.C;
HAVE__ HAVE NEVER__ paid two (2) or more forfeitures of any deposits of money or collateral with a court or administrative agency for a conviction for violation of regulations of the United States Forest Service or the Bureau of Land Management;
HAVE__ HAVE NEVER__ been convicted of any violation or paid any funds to a court with respect to a citation of any state federal fish and game laws or outfitting and guiding laws of ANY state;
HAVE__ HAVE NEVER__ forfeited bail or collateral deposited to secure appearance on a charge of violation of the Fish and Game laws of the State of Idaho;
HAVE__ HAVE NEVER__ been found to have committed a violation of the Idaho Outfitters and Guides Act or Board Rules, or been denied an outfitter or guide license in Idaho.

A **conviction** includes any forfeiture of bail or bond, suspended sentence, probation or withheld judgment.

If you marked **HAVE** on any of the above, you must attach an explanation (court disposition and police reports for felonies), including the year and location. If a violation has been reviewed previously, please indicate "on file" next to violation.

I will have a valid First Aid Card before guiding and I will have it readily available for inspection upon request.

Signature of Designated Agent Applicant: _____ Date: _____

NOTARY (Required for new designated agent applications)

State of _____

County of _____ ss:

On this _____ day of _____, 20 ____, before me, the undersigned, a Notary Public in and for said state personally appeared _____, known to me to be the person

whose name is subscribed to the above and foregoing instrument, and acknowledged to me that he/she executed the same.

IN WITNESS THEREOF, I have hereunto set my hand and affixed my official seal.

[SEAL]

Notary Public for the State of _____

Residing at _____

My commission expires _____

I/We wish to employ this applicant as a Designated Agent.

Signature of Employing Outfitter Print Name Here Outfitter's License Number Date

DID YOU REMEMBER TO:

- Attach training credentials and/or log of experience? (If guiding)
- Sign and have your employing outfitter(s) sign this application?
- Enclose your license fee?
- Complete all appropriate sections of application?